

Toward the National Scale-up of Effective Health Programs

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Overview

The objectives of the think tank session were three-fold: (1) to define and describe the need for more intensive policy, practice, and research attention to the challenge of national scale-up; (2) to identify key barriers to scale-up and discuss potential solutions and strategies for facilitating scale-up; and (3) to identify and initiate specific steps and actions to address scale-up challenges, including actions by policy and practice leaders and organizations, research funding agencies, researchers, and others. The agenda of the think tank session was structured specifically to accomplish these objectives, and included a brief introduction to the topic; three concise case study presentations on the challenge to national scale-up; stakeholders' perspectives on challenges and facilitators to scale-up; and open discussion and development of ideas and actions to address scale-up challenges with session attendees.

Why National Scale-up?

Researchers, service delivery organizations, foundations, and government agencies have developed a rich array of health promotion interventions and healthcare delivery innovations to improve health. Efficacy trials have established strong evidence for many of these innovations; these trials have often led to research on dissemination and implementation strategies designed to facilitate their widespread adoption and routine use in practice settings. Research in this area has produced a growing body of literature documenting successful efforts to implement evidence-based programs in diverse settings.

To date, most studies evaluating dissemination and implementation strategies have been conducted in small- to moderately-sized samples of institutions or communities. The research teams conducting these studies typically provide hands-on technical assistance and implementation support for participating organizations. While feasible for studies conducted in local settings, larger-scale implementation efforts targeting national implementation of effective health practices and programs require different approaches. The gap between research and

practice will persist if researchers do not address the challenges of deploying and evaluating implementation strategies at the national level.

Case Study Presentations: Challenges to Scale-up

Three brief case study presentations were delivered during the session to illustrate some of the challenges associated with national scale-up across different types of health programs (e.g., clinical preventive services, quality improvement, and behavioral interventions) and among different health and healthcare agencies (e.g., Veterans Health Administration, Kaiser Permanente, and Centers for Disease Control and Prevention).

To begin, Dr. Brian Mittman highlighted key challenges associated with national scale-up vs. local implementation of health programs and innovations in the Veterans Health Administration. Dr. Mittman noted the VA's QUERI (Quality Enhancement Research Initiative; www.queri.research.va.gov/) four-phase implementation research framework and its application to various national scale-up initiatives, including the design of a national dissemination plan for collaborative care for depression (see Smith et al., 2008 for details). Next, Dr. Jim Bellows discussed Kaiser Permanente's "Panel Management," a combination of specific information technology tools and processes designed to facilitate the delivery of a full range of evidence-based clinical preventive services. To support the incubation and eventual scale-up of Panel Management among sites, Kaiser encouraged adaptation to the local context, provided critical performance feedback measures to physicians, used an Ag Extension model for networking and consultation, and used the Institute for Healthcare Improvement's *Framework for Spread* (www.ihl.org) model as an approach for scale-up. Dr. Bellows noted some of the particular challenges for improving Kaiser's scale-up activities in the future, including the need to be faster, more reproducible, and to better understand what standard of evidence is needed to support scale-up within a health care delivery system. Finally, Wynne Norton discussed CDC's success with the Diffusion of Effective Behavioral Interventions (DEBI) program (www.effectiveinterventions.org), which serves to identify, package, and disseminate evidence-based HIV prevention interventions to community-based organizations and state health departments. Particular challenges of the CDC's approach center around the complexity of behavioral interventions, the need for organizational capacity building strategies, a lack of ongoing monitoring and evaluation, limited funding, and the potential for long-term

sustainability. Additional, more detailed information on each case study is available online (<http://conferences.thehillgroup.com/obsr/di2008/postconference.html>).

Stakeholder Perspectives

Individuals representing key stakeholder organizations from the Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, Kaiser Permanente Federation, National Institute of Mental Health, Robert Wood Johnson Foundation, and the Veterans Health Administration commented briefly on the case study presentations and discussed additional challenges to national scale-up. They identified numerous barriers to scale-up, including: lack of attention to dissemination in the design of health programs; strained primary care infrastructure; limited time-frame of funding cycles; segmented, disease-specific funding streams; lack of locally-relevant, timely measurement data to provide impetus to improve and feedback to track progress during changes; uncertainty regarding each stakeholders' responsibility for funding and conducting scale-up activities; and the quality of evidence to support scaling-up particular health innovations.

Stakeholders also identified potential research, practice, and policy activities for increasing scale-up activity, including: application of monitoring and surveillance tools to survey intervention approaches in the field; policy research; comparative effectiveness research on delivery strategies; research to understand the role of leadership and organizational behavior in adopting and spreading health programs; efforts to obtain and sustain managerial interest; utilization of business models and terminology when dialoguing with organizations; operations research; efforts to classify existing scale-up models; engaging private practitioners; promoting both vertical and horizontal strategies to support scale-up; conducting systematic reviews of implementation research and effective strategies; developing outcome metrics and measures for scale-up activities; conceptualizing and defining "successful" scale-up; and exploring the possibility of scale-up activities at various geographic levels (e.g., local, state, region and/or national).

Recommendations for Advancing National Scale-up Endeavors

Following the stakeholder's perspectives on barriers and facilitators for national scale-up, a facilitated discussion involving all session attendees was initiated. Attendees were encouraged to suggest specific actions for facilitating scale-up activities among particular stakeholder groups (e.g., researchers, funding agencies, and policy and practice leaders). Panelists, presenters, co-

chairs, and session attendees developed the following recommendations for supporting scale-up in the future, as delineated by particular stakeholder groups or areas of interest:

Funding Agencies. Recommendations were made for funding agencies to support the following scale-up research activities: observational studies on ongoing and emerging scale-up projects; operations research; and inclusion of an optional “sixth year” of funding to explore the dissemination and implementation of the health innovation (pending supportive outcomes).

Researchers. Researchers should develop and design health programs (e.g., interventions, guidelines, innovations) that have the potential for dissemination and implementation beyond the initial efficacy trial; cumbersome, infeasible, and/or impractical health programs that would be near-impossible to disseminate and implement on a wide scale should not be developed (with some exceptions, as appropriate).

Policy and Practice Leaders. Participants noted the importance of raising awareness for research and practice scale-up activities. Initiative and activism within federal institutions, complemented by a demand from research communities and the general public, are needed to coordinate the resources, personnel, and drive required to generate enthusiasm for scale-up. Development of a separate institute focused solely on the science and practice of healthcare delivery, with a section focused on scale-up activities, was also recommended, echoing Dr. Jim Yong Kim’s suggestion during the plenary session.

Building Sustainable Collaborations & Partnerships. Many attendees emphasized the need for cross-agency, cross-discipline, and cross-funding collaborations and partnerships for supporting scale-up endeavors. Given the size, scope, and significant resources required for scale-up activities, collaborations between all stakeholder groups (e.g., researchers, practitioners, policy makers, funding agencies, delivery organizations, etc.) are essential for developing, supporting, and maintaining both research- and practice-related activities for national scale-up of effective health programs. Existing models (e.g., community-based participatory research and Clinical and Translational Science Awards) may serve as useful templates for future larger-scale collaborations and partnerships that are sustained beyond individual research projects.

Acknowledgments

We would like to thank the session attendees for making this a productive, insightful, and successful session. Questions/comments about this particular session should be directed to

Wynne E. Norton: wynne.norton@gmail.com. Presentations for this session are available on the conference website: <http://conferences.thehillgroup.com/obsr/di2008/postconference.html>.